
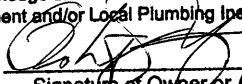



SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. of Health & Human Services
Division of Environmental Health, 11 SHS
(207) 287-5672 FAX (207) 287-4172

PROPERTY LOCATION		>> CAUTION: LPI APPROVAL REQUIRED <<		
City, Town, or Plantation	LAMOINE	Town/City	LAMOINE Permit # 1725	
Street or Road	DOROTHY'S LANE	Date Permit Issued	4/22/14 Fee \$ 250 Double Fee Charged ()	
Subdivision, Lot #	LOT #10 MARLBORO MIST		L.P.I. # 1040	
OWNER/APPLICANT INFORMATION		The Subsurface Wastewater Disposal System shall not be installed until a Permit is issued by the Local Plumbing Inspector. The Permit shall authorize the owner or installer to install the disposal system in accordance with the application and the Maine Subsurface Wastewater Disposal Rules.		
Name (last, first, MI)	HARRIS, ROBERT			<input type="checkbox"/> Owner <input checked="" type="checkbox"/> Applicant
Mailing Address of	122 LUPINE LANE LAMOINE, ME. 04605			<input type="checkbox"/> Owner <input checked="" type="checkbox"/> Town <input type="checkbox"/> State
Daytime Tel. #	207-412-0155 (603) 630-9032	Municipal Tax Map # 4	Lot # 36-20	
OWNER OR APPLICANT STATEMENT		CAUTION: INSPECTION REQUIRED		
I state and acknowledge that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Department and/or Local Plumbing Inspector to deny a permit.		I have inspected the installation authorized above and found it to be in compliance with Subsurface Wastewater Disposal Rules Application.		
 Signature of Owner or Applicant		 Local Plumbing Inspector Signature		
Date 4-22-14		(1st Date Approved) (2nd Date Approved)		

PERMIT INFORMATION

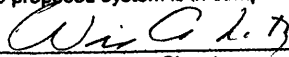
TYPE OF APPLICATION <input checked="" type="checkbox"/> 1. First Time System <input type="checkbox"/> 2. Replacement System Type Replaced: _____ Year Installed: _____ <input type="checkbox"/> 3. Expanded System <input type="checkbox"/> a. < 25% Expansion <input type="checkbox"/> b. ≥ 25% Expansion <input type="checkbox"/> 4. Experimental System <input type="checkbox"/> 5. Seasonal Conversion	THIS APPLICATION REQUIRES <input checked="" type="checkbox"/> 1. No Rule Variance <input type="checkbox"/> 2. First Time System Variance <input type="checkbox"/> a. Local Plumbing Inspector Approval <input type="checkbox"/> b. State & Local Plumbing Inspector Approval <input type="checkbox"/> 3. Replacement System Variance <input type="checkbox"/> a. Local Plumbing Inspector Approval <input type="checkbox"/> b. State & Local Plumbing Inspector Approval <input type="checkbox"/> 4. Minimum Lot Size Variance <input type="checkbox"/> 5. Seasonal Conversion Permit	DISPOSAL SYSTEM COMPONENT(S) <input type="checkbox"/> 1. Complete Non-engineered System <input type="checkbox"/> 2. Primitive System (graywater & alt. toilet) <input type="checkbox"/> 3. Alternative Toilet, specify: _____ <input type="checkbox"/> 4. Non-engineered Treatment Tank (only) <input type="checkbox"/> 5. Holding Tank, _____ gallons <input type="checkbox"/> 6. Non-engineered Disposal Field (only) <input type="checkbox"/> 7. Separated Laundry System <input type="checkbox"/> 8. Complete Engineered System (2000 gpd or more) <input type="checkbox"/> 9. Engineered Treatment Tank (only) <input type="checkbox"/> 10. Engineered Disposal Field (only) <input type="checkbox"/> 11. Pre-treatment, specify: _____ <input type="checkbox"/> 12. Miscellaneous components
SIZE OF PROPERTY 1.78 <input type="checkbox"/> sq. ft. <input checked="" type="checkbox"/> acres SHORELAND ZONING <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	DISPOSAL SYSTEM TO SERVE <input checked="" type="checkbox"/> 1. Single Family Dwelling Unit, No. of Bedrooms: 3 <input type="checkbox"/> 2. Multiple Family Dwelling, No. of Units: _____ <input type="checkbox"/> 3. Other: (SPECIFY) _____ Current Use: <input type="checkbox"/> Seasonal <input type="checkbox"/> Year Round <input checked="" type="checkbox"/> Undeveloped	TYPE OF WATER SUPPLY TO BE <input checked="" type="checkbox"/> 1. Drilled Well <input type="checkbox"/> 2. Dug Well <input type="checkbox"/> 3. Private <input type="checkbox"/> 4. Public <input type="checkbox"/> 5. Other: _____

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK <input checked="" type="checkbox"/> 1. Concrete <input checked="" type="checkbox"/> a. Regular <input type="checkbox"/> b. Low Profile <input type="checkbox"/> 2. Plastic <input type="checkbox"/> 3. Other: _____ CAPACITY 1000 gallons	DISPOSAL FIELD TYPE & SIZE <input type="checkbox"/> 1. Stone Bed <input type="checkbox"/> 2. Stone Trench <input checked="" type="checkbox"/> 3. Proprietary Device 15 END FEED CONCRETE CHAMBERS <input type="checkbox"/> a. Cluster Array <input type="checkbox"/> c. Linear <input checked="" type="checkbox"/> b. Regular load <input type="checkbox"/> d. H-20 load <input type="checkbox"/> 4. Other: _____ SIZE 1350 <input type="checkbox"/> sq. ft. <input type="checkbox"/> lin. ft.	GARBAGE DISPOSAL UNIT <input checked="" type="checkbox"/> 1. No <input type="checkbox"/> 2. Yes <input type="checkbox"/> 3. Maybe If Yes or Maybe, specify one below: <input type="checkbox"/> a. Multi-compartment Tank <input type="checkbox"/> b. _____ Tanks in Series <input type="checkbox"/> c. Increase in Tank Capacity <input type="checkbox"/> d. Filter on Tank Outlet	DESIGN FLOW 270 gallons per day BASED ON <input checked="" type="checkbox"/> 1. Table 4A (dwelling unit(s)) <input type="checkbox"/> 2. Table 4C (other facilities) SHOW CALCULATIONS for other facilities
SOIL DATA & DESIGN CLASS PROFILE 9 CONDITION D at Observation Hole # 1 Depth 9" OF MOST LIMITING SOIL FACTOR	DISPOSAL FIELD SIZING <input type="checkbox"/> 1. Medium -- 2.6 sq. ft./gpd <input type="checkbox"/> 2. Medium-Large -- 3.3 sq. ft./gpd <input type="checkbox"/> 3. Large -- 4.1 sq. ft./gpd <input checked="" type="checkbox"/> 4. Extra Large -- 5.0 sq. ft./gpd	EFFLUENT/EJECTOR PUMP <input checked="" type="checkbox"/> 1. Not Required <input type="checkbox"/> 2. May be Required <input type="checkbox"/> 3. Required Specify only for engineered systems DOSE: _____ gallons	<input type="checkbox"/> 3. Section 4G (meter readings) ATTACH WATER METER DATA LATITUDE AND LONGITUDE at Center of Disposal Area Lat. 44° 28' 54" N Lon. 68° 17' 37" W If g.p.s., state margin of error 30'

SITE EVALUATOR STATEMENT

I certify that on 10-4-13 (date) I completed a site evaluation on this property and state that the data reported are accurate and that the proposed system is in compliance with the State of Maine Subsurface Wastewater Disposal Rules (10-144A CMR 241).

 Site Evaluator Signature WILLIAM A. LaBELLE, JR.	319 SE# (207) 537 - 5900 Telephone Number	10-12-13 Date labelleptic@rivah.net E-mail Address
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Site Evaluator Name Printed: WILLIAM A. LaBELLE, JR.
 Note: Changes to or deviations from the design should be confirmed with the Site Evaluator.

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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Town, City, Plantation
LAMOINE

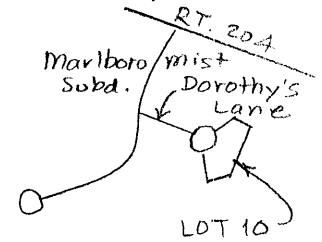
Street, Road, Subdivision **LOT 10**
DOROTHY'S LANE

Owner or Applicant Name
ROBERT HARRIS

SITE PLAN

Scale 1" = 50 Ft.

SITE LOCATION PLAN
(Attach map from Maine Atlas
for First Time System Variance)



(SEE ATTACHED SITE PLAN)

SOIL PROFILE DESCRIPTION AND CLASSIFICATION (Location of Observation Holes Shown Above or on pg. 2A)

Observation Hole #1 ☒ Test Pit ☐ Boring

4 " Depth of organic horizon above mineral soil

Texture	Consistency	Color	Mottling
CLAY		DARK BROWN (10YR 3/3)	N.E.
LOAM	FRIABLE	LIGHT GRAY (10YR 7/1)	COMMON
TO		LIGHT OLIVE BROWN (2.5Y 5/5)	DISTINCT TO MANY PROMINENT
CLAY	COMPACTED		
(ROOT GROWTH END @ 12")			

DEPTH BELOW MINERAL SOIL SURFACE (inches)

Observation Hole #2 ☒ Test Pit ☐ Boring

2 " Depth of organic horizon above mineral soil

Texture	Consistency	Color	Mottling
CLAY		DARK YELLOWISH BROWN (10YR 3/4)	N.E.
LOAM	FRIABLE		COMMON
TO		PINKISH GRAY (2.5Y 6/2)	DISTINCT TO MANY PROMINENT
CLAY	COMPACTED		

DEPTH BELOW MINERAL SOIL SURFACE (inches)

Soil Profile 9 Classification D Slope 4 % Limiting Factor 9 " Depth

☒ Ground Water
☐ Restrictive Layer
☐ Bedrock
☐ Pit Depth

Soil Profile 9 Classification D Slope 4 % Limiting Factor 10 " Depth

☒ Ground Water
☐ Restrictive Layer
☐ Bedrock
☐ Pit Depth

W. C. 2013
Site Evaluator's Signature

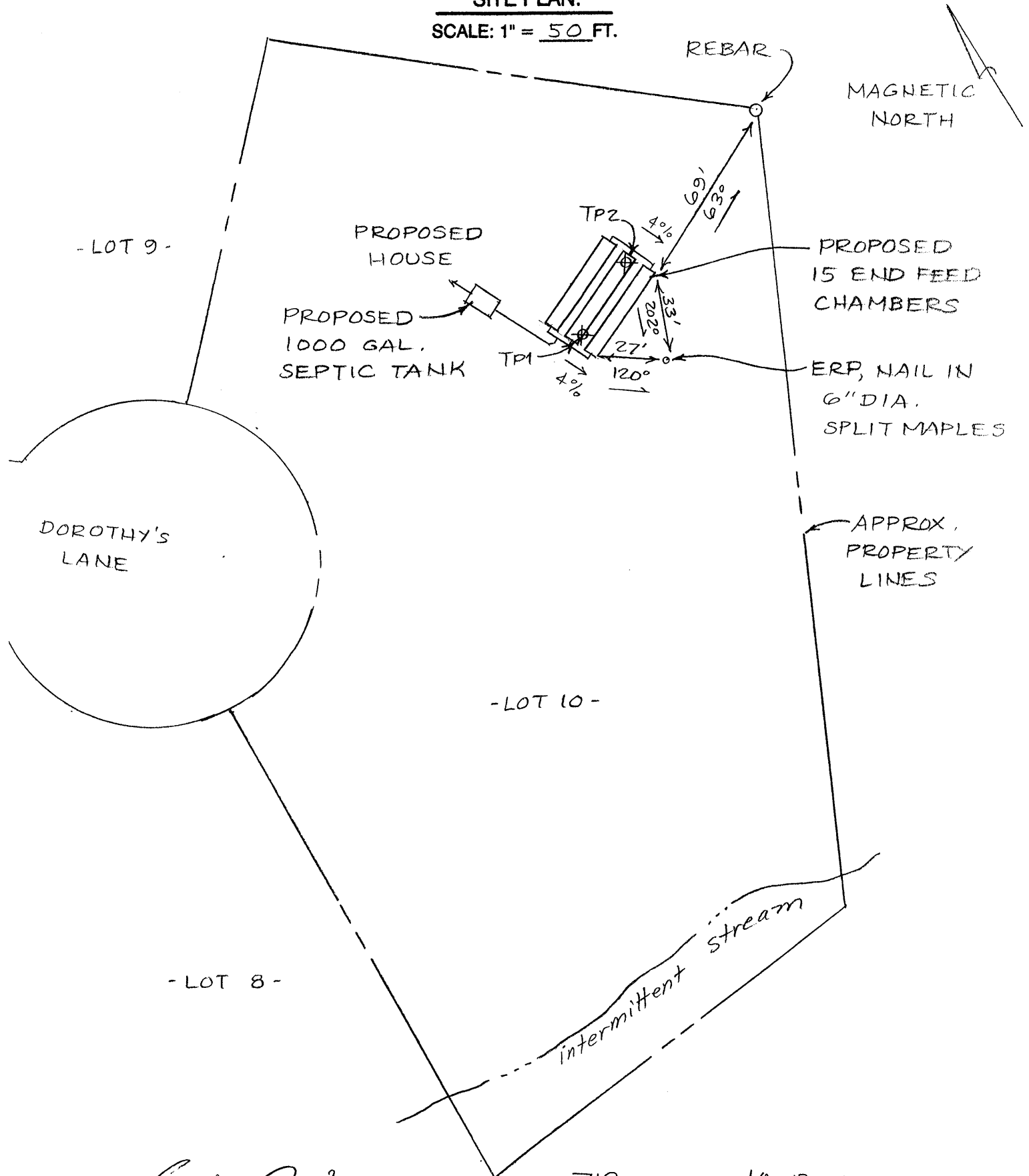
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10-12-13
Date

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SITE PLAN:

SCALE: 1" = 50 FT.



W. C. L. J.
Site Evaluator's Signature

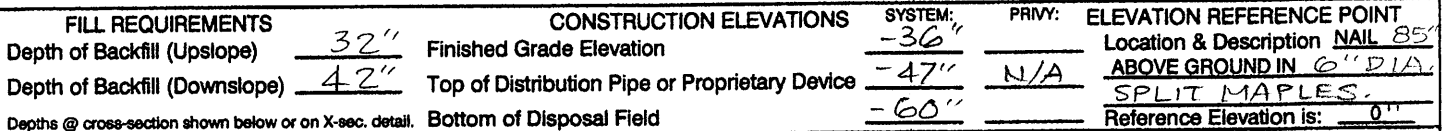
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Owner or Applicant Name
ROBERT HARRIS

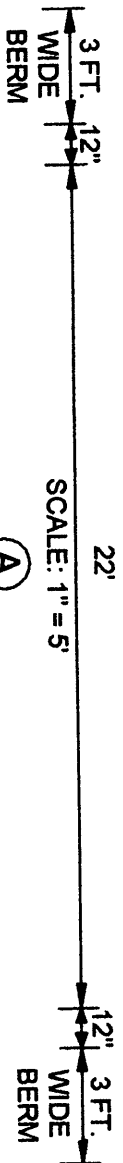
SCALE: 1" = 20 FT.



1. TANK(S) MUST BE 8' MINIMUM FROM BUILDING.
2. GRADE SURROUNDING AREA TO DIVERT SURFACE WATER AWAY FROM SYSTEM.
3. WELL TO BE 51' MINIMUM FROM SEPTIC TANK(S) AND 100' MINIMUM FROM DISPOSAL FIELD.
4. ALL WORK DONE ADJACENT TO WETLANDS AND WATER BODIES MUST BE DONE IN COMPLIANCE WITH SECTION 11-M OF THE SUBSURFACE WASTEWATER DISPOSAL RULES; EROSION AND SEDIMENT CONTROL MEASURES MUST BE IN ACCORDANCE WITH THE MARCH 2003 EDITION OF THE MAINE DEP HANDBOOK "MAINE EROSION AND SEDIMENT CONTROL BMPs" (DEPLW0588).
5. INSTALL SEPTIC TANK RISERS 18" IN DIAMETER "MINIMUM" TO WITHIN 6" OF FINISH GRADE ON INLET, CLEANOUT AND OUTLET COVERS (RECOMMEND EXTENDING RISERS TO FINISH GRADE).
6. FULL BASEMENT BELOW GRADE FOUNDATION, FROST WALL OR COLUMNS MUST BE 20' MINIMUM FROM STONE AROUND CHAMBERS AND SLAB ON GRADE MUST BE 15' MINIMUM FROM STONE AROUND CHAMBERS.

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DISPOSAL AREA CROSS SECTION



FILL MATERIAL SHALL BE 8"-12" THICK OVER CHAMBERS AND SHALL BE GRAVELLY COARSE SAND TO THE STANDARDS IN SEC. 11-E IN THE SUBSURFACE RULES.

TOP 4" OF FILL TO BE A GOOD LOAM SOIL MIX TO ESTABLISH A GOOD VEGETATIVE COVER; SEED AND MULCH TO PREVENT EROSION, SEC. 11-G.

2" COMPRESSED HAY (OR FILTER FABRIC) SEC. 11-F
RECOMMENDED OVER STONE AND CHAMBERS
FILL EXTENSIONS
NO GREATER THAN 4:1,
(25% SLOPE).

12" CLEAN STONE,
(3/4" - 2 1/2" DIA.),
UNIFORM SIZE.

9"
LIMITING
FACTOR

REMOVE VEGETATION AND SCARIFY
ORIGINAL SOIL UNDER ENTIRE FILL AREA, SEC. 11-B.

BOTTOM OF CHAMBERS MUST BE
LEVEL WITH MAXIMUM GRADE
TOLERANCE OF 2" PER 100'.

THOROUGHLY MIX, DISK OR ROTO-TILL
CLEAN, COARSE, SHARP SAND INTO
TOP 4 INCHES OF ORIGINAL SOIL TO
CREATE A TRANSITION ZONE, SEC. 11-B.

ORIGINAL GRADE

ELEVATIONS:

ELEV. REF. PT. (ERP): 0"

FINISHED GRADE:

TOP OF CHAMBERS:

BOTTOM OF CHAMBERS:

-36"
-47"
-60"

OWNER: ROBERT HARRIS

LOCATION: LANOINE

NOTE:

SYSTEM MUST BE INSTALLED ACCORDING
TO THE RULES AND PRACTICES SET FORTH
IN THE MOST CURRENT VERSION OF THE
STATE OF MAINE SUBSURFACE WASTEWATER
DISPOSAL RULES. INSTALLATION CONTRATOR
MUST BE FAMILIAR WITH SAID RULES AND
CONSTRUCT SYSTEM IN FULL COMPLIANCE
WITH SECTION 11 OF SAID RULES.

WILLIAM A. LABELLE, JR.

S.E.#

DATE

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10-12-13